

Ohio Department of Job and Family Services
CARETAKER/PROVIDER AGREEMENT

Name of County Agency			Name of County Child Care Contact		
County Agency Address			Telephone Number		
Name of Caretaker/Parent			Name of Child Care Provider		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number			Telephone Number		

The provider shall provide child care to the following children during the days and hours indicated.

Name of Child	Age	Days and Hours of Care (Example: MWF, 6am-6pm: TTh, 6am-Noon)

C A R E T A K E R S E C T I O N	The caretaker shall: 1) Provide the provider with: <input type="checkbox"/> A completed JFS 01297 "Child Enrollment and Health Information" by the child's first day of attendance. Updates shall be made by the caretaker as needed to keep all information accurate. <input type="checkbox"/> A completed JFS 01932 "Child's Medical Statement," (or Head Start Medical Statement) within 30 days of the first day of attendance. The form must be completed after a physical examination by a physician, physician's assistant or advanced practice nurse. The form and exam shall be completed every 13 months. Children attending a grade of kindergarten or above are not required to submit a medical statement.					
	2) Give the provider a supply of clean diapers and an extra set of clothing to be used in caring for each infant and toddler child.					
	3) Relieve the provider of child care duties at (insert time) _____ am/pm. If the caretaker is unable to pickup/receive the child, the caretaker shall notify the provider that someone else will pick up the child. The provider approves the following persons to pick up the child. The provider may ask for identification. Additional names may be listed on the back side of this form					
	Name			Name		
	Address			Address		
	City	State	Zip Code	City	State	Zip Code
	Telephone Number			Telephone Number		

C A R E T A K E R	4) Agree to pay the provider the copayment assigned by the County Department of Job and Family Services (CDJFS) in accordance with the schedule indicated on the "Child Care Provider Reimbursement Calendar", copayment will be paid (<i>check one</i>) <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> other: _____
	5) Agree to pay the provider additional fees, as approved by the CDJFS, for special events, field trip costs, late arrival for pick up expenses and absentee days which exceed those reimbursed by the CDJFS.
	6) Give the provider current medical information regarding any known or suspected special need, health condition or special treatment. The caretaker shall complete and submit to the provider by the first day of attendance a completed JFS 01928 "Medical/Health Care Plan" if their child has any health conditions or may require the provider to take special actions.
	7) The caretaker (<i>check one</i>) <input type="checkbox"/> does, <input type="checkbox"/> does not grant permission for the in-home aide to bring his/her own children (maximum of two) to the caretaker's home while child care services are provided.
C O N' T	8) The caretaker (<i>check one</i>) <input type="checkbox"/> does, <input type="checkbox"/> does not authorize an emergency caregiver approved by the CDJFS to care for the caretaker's child in the provider's home or the home of a child receiving in-home aide services for 24 hours or less.
P R O V I D E R S E C T I O N	The provider shall: 1) Shall discipline the child in the following manner: _____ _____ _____ _____ The methods of discipline shall be in accordance with appropriate behavior management techniques.
	2) Provide the caretaker with a copy of a completed JFS 01299 "Incident/Injury Report" on the day of the incident in the event of an injury or accident requiring first aid.
	3) Provide the following sleeping arrangements for children napping: _____ and the following arrangements for children sleeping overnight: _____
	4) Notify the CDJFS within ten days if the caretaker fails to pay the copayment for child care services.
	5) Obtain written permission from the caretaker, prior to transporting children on routine trips or field trips.
	6) Obtain written permission from the caretaker, prior to allowing children to participate in swimming activities.
	7) The provider: (<i>check one</i>) <input type="checkbox"/> Will <input type="checkbox"/> Will not administer medication to the child. If the provider will administer medication, the caretaker shall give written permission for each request on the JFS 01644 "Permission to Administer Medication." The CDJFS or the provider may require written instructions from a licensed physician, physician's assistant, advanced practice nurse or dentist. List any provider medication policy limitations or restrictions: _____ _____
	8) <input type="checkbox"/> Will <input type="checkbox"/> Will not provide child care to the child when the child is ill (as defined in Rule 5101:2-14-30). If the provider will provide care for the ill child, the caretaker shall give complete instructions for the care of the child. List any provider policy limitations or restrictions: _____ _____

P R O V I D E R S E C T I O N	9) <input type="checkbox"/> Will <input type="checkbox"/> Will not administer food supplements to the child. If the provider will administer food supplements, the caretaker shall give written instructions from a licensed physician, physician's assistant or advance practice nurse.	
	10) <input type="checkbox"/> Will <input type="checkbox"/> Will not administer a modified diet to the child. If the provider will administer a modified diet, the caretaker shall give written instructions from a licensed physician, physician's assistant or advance practice nurse.	
	11) Has arranged for the following people to serve as the emergency caregiver who will provide care for the children if needed due to an emergency. The JFS 01923 "Emergency/Substitute Caregiver Statement" must be completed by the emergency caregiver and the provider.	
	Name	Name
	12) Has informed the caretaker of the following animals that reside on the property: _____ _____ _____ All animals are required to have current inoculations and licenses as required by local government.	
The provider will provide food for meals and snacks. The caretaker will provide food for meals and snacks when in-home aide services are provided, unless otherwise indicated: _____		
Infant food and formula in a provider's home, or the home of a child receiving in-home aide services, shall be provided by: (check one) <input type="checkbox"/> the caretaker <input type="checkbox"/> the provider <input type="checkbox"/> other (please specify)		
Termination of Services: The caretaker or provider shall give a written notice 10 calendar days prior to terminating child care services.		
The signatures below show that we have read this agreement in its entirety and understand and agree to follow the terms as stated. We understand that this agreement shall be reviewed and amended as needed by either person if changes are necessary.		
Signature of Caretaker/Parent		Date
Signature of Provider		Date

This form shall be used to meet the requirements of Chapter 5101:2-14 of the Ohio Administrative Code.
Distribution: Original to provider, copy to CDJFS, copy to caretaker/parent